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No. 4

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Health Work in Saskatchewan

MAURICE MACDONALD SEYMOUR, M.D., D.P.H.
Deputy Minister of Public Health, Saskatchewan.

IT is almost two decades since the Province of Saskatchewan was constituted, but in order to trace the groundwork of public health activities initiated by the early pioneers, it is essential to give credit and honour to those who legislated and administered the affairs of what was then part of that large area known as the North-West Territories.

As remote as 1898 we find a Public Health Ordinance in force for the prevention of contagious diseases, with provisions for appointing Medical Officers of Health and Sanitary Inspectors in cities and towns. Although at this early period of western civilization the cities, in what is now the Province of Saskatchewan, had not attained to any great importance in population, we find that they, with several of the more populous towns, had complied with the law in having the services of Medical Health Officers. In common with all newly settled sections of land recently opened for homesteaders, little attention was paid to affairs affecting the general health. The natural freedom from law and order found all settlers who entered the virgin prairies became almost licensed to neglect or pay no attention even to the rudiments necessary to healthy life. The well-balanced discipline of the members of the Royal North-West Mounted Police was employed to meet and advise settlers that all matters of law for the order, health and general well-being of residents must be respected and to this splendidly equipped and judicial force much credit is due for the administration of early health measures.

The Public Health Ordinance, amended in 1902, was adopted at the first session of the Legislature of the Province of Saskatchewan in 1905 and was further amended in 1907 and continued to be the Health Law until December 1908.

Early in 1906 the Government appointed Dr. M. M. Seymour as Provincial Medical Health Officer, who for three years, was the only official and who, with occasional help from the Royal North-West Mounted

Police, carried out such preventive measures as were necessary in controlling outbreaks of disease of a communicable nature. At this period, when settlers were flocking in from all quarters, such diseases as small-pox and typhoid fever were introduced, becoming endemic owing to the then practice of settling in communities. Many of the outbreaks reached epidemic proportions, showing the necessity for a more organized and delegated method of control by health districts, instructed, supervised and made responsible to a central governing authority for all affairs affecting the people's health.

Up to this stage the administration of health matters was under the Department of Agriculture, and the correspondence of the period shows the amount of work required of the Deputy Minister and the Provincial Medical Health Officer in attending to all matters relating to the public health and welfare of residents.

With the passing by the Legislature in 1909 of the first Public Health Act, being Chapter 8 of the Revised Statutes of Saskatchewan, a new and improved method of public health administration was inaugurated, a permanent bureau was created under one of the Ministers of the Government, with the chief officer called the Commissioner of Public Health to perform the duties prescribed by the Act, and such other duties as might be assigned to him by the Lieutenant-Governor in Council under any other Act.

A Council of Public Health was established to act with the Commissioner in considering and revising rules and regulations made under the provisions of the Act and to report thereon to the Lieutenant-Governor-in-Council. The Commissioner immediately set about to the collecting of a staff of permanent officials as a nucleus around which centre would collect all matters relating to the public health, requiring legal, technical and executive decision. Early in 1910 the following officials were appointed, namely: T. Aird Murray, C.E., Consulting Engineer and Assistant Commissioner of Health; Medical Inspector and Provincial Sanitary Engineer in the person of Thomas Watson, a member of the Royal Sanitary Institute.

The appointment of a Consulting Engineer to this new province proved to be a wise and advanced step in the work of prevention of disease, as the provision of means for sewage disposal and the preserving of safe water supplies to the larger centres of population was of the utmost importance in a prairie province like Saskatchewan. The new Public Health Act provided that before any scheme for establishing a water supply or sewage disposal works could be undertaken, it was first necessary to obtain from the Commissioner a certificate to the effect that the plans and specifications had been approved of. This was made man-

datory by the inclusion in the Act that no by-law for raising money for such a construction could be submitted to the electors without the preamble to the by-law stating that the proposed work had received the approval of the Commissioner of Public Health. This type of advanced public health legislation was very favourably commented upon at a Conference held in Ottawa, called by the public health section of the Conservation Committee in 1910. At this early period sewage disposal plants were designed and constructed in Regina, Moose Jaw, Swift Current, Yorkton, and Maple Creek, most of which were completed and in operation in the year 1910.

The Public Health Act, in defining the functions of the Commissioner, specified matters for which rules and regulations could be made for the guidance of all whose duties it would be to carry out health provisions. Regulations dealing with contagious and infectious diseases, prevention and removal of nuisances, dairy and milk supplies, tenement houses, hotels and restaurants, were treated and passed as being the essential matters requiring early attention.

As a preparatory step toward efficient administration it was imperative to organize the province into health districts in order to utilize local governing bodies and make them responsible to the Bureau of Public Health for carrying out the regulations dealing with sanitary and health affairs. Although in every city and many towns there existed health boards, in the numerous rural municipalities and villages no such provision obtained. Therefore, it was necessary to create all organized centres as health districts. This was easily accomplished by making every Municipal Board a unit of the Bureau with a qualified medical practitioner as Medical Health Officer.

With the distribution to health units of copies of the Public Health Act and Regulations, together with the powers and responsibilities they directly implied, the Councils of health districts especially, and also the general public became interested, with the result that the correspondence on all subjects relating to health became voluminous. This desire to acquire information was met as far as possible by the Commissioner and other officials of the Bureau by visiting centres, and holding public meetings to educate not only members of health boards but also the general public on ways and means of co-operating with their local health authorities in efforts to carry out the provisions of the regulations. Year by year has shown that the regulations issued by the Bureau have engaged the attention of the local Health Board as well as interested residents to give personal attention to matters affecting community life, until the Bureau became the clearing-house for all complaints relating to hygiene.

In 1923 the Public Health Act was amended, creating the Department of Public Health, with Honorable J. M. Uhrich as the first Minister of Public Health. The responsibility for the administration of the activities of the Department of Public Health in Saskatchewan is vested in the Minister of Public Health, and he has under his jurisdiction the following Acts:

- (1) The Public Health Act.
- (2) The Vital Statistics Act.
- (3) The Union Hospital Act.
- (4) An Act to Regulate Public Hospitals.
- (5) The Venereal Disease Act.

The Council of Public Health, created by previous legislation, was continued under the new Public Health Act. It consists of the Deputy Minister, as ex-officio Chairman, three duly qualified medical practitioners, one qualified Veterinary Surgeon, and at this Session the Act has been amended by adding a Civil Engineer to the Council of Public Health. This Council is required to meet at least once a year to consider and review all orders, rules and regulations, and to make a report to the Minister, with such suggestions and recommendations as may be deemed necessary in the interests of public health. This Council may also consider matters referred to it by the Minister and submit a report upon the same to the Lieutenant-Governor-in-Council. The members of the Council are appointed to hold office for two years and receive remuneration from public funds.

The members of the Council of Public Health at the present time are, in addition to the Deputy Minister, Dr. T. W. Walker of Saskatoon, President-elect of the Saskatchewan Medical Association; Dr. T. Leask of Moose Jaw, President of the Saskatchewan Medical Association for the year 1924; Dr. W. A. Thomson, former President of the Saskatchewan Medical Association, and Dr. Chasmer, Secretary-Treasurer of the Saskatchewan Veterinary Association.

The provisions regarding health districts and boards of health, as well as requiring health districts to appoint legally qualified medical men as health officers, are being continued in the new Public Health Act. The power is also given for the appointment of sanitary officials. In order to provide for the increased work of the Department of Public Health, it has been divided into the following divisions:

- (1) Administration.
- (2) Child Welfare and Hospital Administration.
- (3) Communicable Diseases.
- (4) Sanitation and Hospital Organization.

- (5) Venereal Disease Control.
- (6) Vital Statistics.
- (7) Laboratory.

The administration under the Minister has full responsibility regarding all matters pertaining to the Department and formulates the general policies and suggestions in connection with the various divisions. The Department operates the general supervision of all Boards of Health of the province, as well as the carrying into effect of the Health Act and Regulations. Public health propaganda and publicity work receive a lot of attention from the Department.

The Division of Child Welfare and Hospital Management, which is presided over by a physician, has the supervision over the organization and holding of child welfare conferences and baby clinics, home nursing, maternity grants, and the relief of destitutes who are for certain reasons unable to obtain aid from any municipality.

Within the last few years all parts of Saskatchewan have been well covered by baby clinics, special attention being given to outlying districts far from qualified medical assistance. This work has been very much appreciated, with the result that a number of districts now have child welfare clinics held regularly under the supervision of the local physician. Children of pre-school age are given a thorough physical examination, parents are advised as to defects, if found, and are advised to see their physicians regarding the same. The importance and necessity of an examination by a medical man at least once a year is strongly recommended to the parents. The growth of this work may be judged by the fact that the number of children examined has grown from 292 in 1906 to 3,400 in 1924. It may be noted that the latter figure does not include the number examined in connection with local clinics, of which there are now a number being held regularly. Films, pictures, posters and exhibits are made use of for the spreading of baby welfare and information is given at fairs and other community gatherings.

In addition to these clinics, three nurses are employed to give further instructions in the care of children, one nurse devoting her time among the new Canadians. This work is meeting with great success and through the enthusiastic co-operation of women's organizations, the number of women reached is growing rapidly. The course includes instructions in the general care of children, first aid, and what to do before the doctor arrives.

Maternity Grants. The Province of Saskatchewan makes a grant of \$25.00 to assist any expectant mother who lives where there is no medical attendance readily available to obtain the required medical aid.

This sum is usually divided by making a grant of \$10.00 at once to the mother for obtaining the necessities for the event, and \$15.00 is paid to the doctor who attends her. This sum of \$25.00, however, may be paid entirely to the physician or may be paid to the hospital that the mother goes to, upon her request. That this grant has fulfilled, to a great extent, its purpose may be judged from the following figures:

In the year 1920, 17 mothers received the grant; in 1921, 125 mothers; 1922, 253 mothers; 1923, 286 mothers; 1924, 427 mothers.

Hospitals. Upon the formation of the Province of Saskatchewan in 1905, there were six hospitals receiving financial aid from the public funds:

Regina: Victoria Hospital.

Prince Albert: Victoria Hospital.

Yorkton: Queen Victoria Cottage Hospital.

Moosomin: General Hospital.

Battleford: Victorian Order.

Indian Head: Victorian Order.

Union Municipal Hospitals.

In order to ensure better hospital care for the rural districts of the province, and especially to provide for maternity and emergency cases, in the year 1917 an Act was passed providing for the formation of rural municipal hospitals by which two or more municipalities could combine to form a hospital district. By this means it is possible to raise money to build and equip a hospital, and this union hospital plan has worked very satisfactorily.

There are at present 43 hospitals receiving aid in the province, not including 10 Red Cross nursing outposts. Saskatchewan is now fairly well-equipped with hospital facilities. Fifty-six per cent. of the total bed capacity is available in the cities, while forty-four per cent serve the rural districts and the population of the smaller centres. For the treatment of tubercular cases there is one bed now available for every 1,900 of the population, while isolation accommodation is at the ratio of one bed for every 3,300 of the population. The sum of \$320,000.00 was voted to the aid of hospitals last year from public funds. The per capita investment in hospital buildings and equipment in the province now amounts to \$5.10. In September, 1923, the hospital regulations, which have been enforced for a great many years, were amended for the purpose of assisting the hospitals in obtaining for their patients the best possible service.

The Department of Public Health, which administers the Hospital Act, makes it clear that the responsibility for the management and con-

trol of the hospital, as well as the results obtained insofar as the patients are concerned, rests with the Board of Management. It is pointed out that the Board has a duty to perform in seeing that the hospital is properly staffed and furnished with the necessary X-ray and laboratory facilities. Among the regulations are included:

(1) The interpretation of practising medicine in hospitals, which is limited to those registered under the Medical Profession Act.

(2) All plans and specifications of the building or addition to hospitals, or alterations in hospitals, shall before such work is begun be submitted to the Minister of Public Health for approval.

(3) Provision shall be made for at least 800 cubic feet of space for each patient and 2,400 cubic feet of air per hour, with at least one window for every two beds.

(4) Fire protection must be provided.

(5) City hospitals are required to have an Advisory Medical Board of three doctors.

(6) Each hospital is required to have a medical staff, which staff is to meet monthly for the purpose of reviewing and analyzing the clinical experiences of the staff, discussing cases ending fatally or unimproved, and any notifications or applications which may occur in the hospital.

(7) A report of the meeting is to be sent to the Minister.

(8) Hospitals are required to make provision for the care and treatment of maternity cases, as well as for cases of tuberculosis, to the extent of one-tenth of their authorized bed capacity.

(9) Case records are required to be written up for every patient admitted to the hospital, as soon as possible after the admission. Where no case record has been written up, the hospital is to note this fact in red ink on the form which is sent to the Department every six months.

(10) Anaesthetics are to be administered in the operating-room and by a physician, unless permission is otherwise given by the superintendent.

(11) Two qualified practitioners are required to be present at major operations, except in cases of emergency, to be approved of by the Superintendent.

(12) Nurses and employees shall show proof of vaccination against smallpox and shall take typhoid vaccine every two years. Those showing a positive Schick test shall be given toxin anti-toxin. Those giving positive Dick test shall be immunized against scarlet fever.

In the training-school for nurses provision is made for nurses receiving at least three months in a sanatorium. In the year 1923 the hospitals had 2,253 beds and treated 32,663 patients, of which 3,448 were emergency cases. In 1912 only one birth in 20 was attended in hospitals; in

1923 one out of every 6 births took place in the hospital. 531,007 hospital days were accounted for, which was an average of 12.7 days for each patient. During the year 12,436 operations were performed, with 208 deaths following. Infections developing in hospitals were: Medical 22, surgical 22, obstetrical 16. The average cost per patient per day for maintenance was \$3.19.

In the year 1909 an active anti-tuberculosis campaign was started by the author. The Anti-Tuberculosis League was established with the result that to-day Saskatchewan has a first-class, modern, up-to-date institution for the treatment of tuberculosis. Another similar institution will be opened in the beginning of the year 1925, providing accommodation then for over 400 patients.

The division of communicable diseases, under the direction of a physician, includes: Epidemiology and statistics, distribution of vaccines and sera, supervision of trachoma, supervision of tuberculosis, and care of the dead. This division co-operates with local health authorities and physicians generally, in the carrying out of the regulations for the control of communicable diseases, as well as distributing propaganda and literature regarding the same.

There are 44 diseases classified as communicable which the law requires to be reported to the local health officer within twenty-four hours. This officer in turn submits a report to the division, weekly, of all cases he has had reported or has knowledge of. Cases of tuberculosis not receiving sanatorium treatment are visited by a nurse of the Department who, under the attending physician, gives instructions in the care and preventive measures relating to the disease. A full-time nurse is also employed regarding cases of trachoma. She acts under the direction of the Division Director and co-operates in the closest possible way with the local physician.

It is found that approximately 49.4 per cent. deaths from diphtheria occur in children under six years of age, and 44 per cent. occur between the ages of six and sixteen. A special effort for the locating of this disease in children up to the age of 14 is made by the use of the Schick test and anti-toxin. Vaccines and sera are distributed free and doctors in hospitals during the year 1923 distributed a sufficient amount of toxin and anti-toxin to immunize 33,159 persons at a cost of \$6,290.20. Small-pox vaccine was issued sufficient to vaccinate nearly 20,000 people. \$16,573.00 was expended in vaccines and sera in this year.

The following figures are of extreme importance, showing the rapid increase in the death rate from cancer. These rates are per 100,000 population:

1914	18.
1915	18.4
1916	27.8
1917	28.8
1918	29.6
1919	28.5
1920	30.1
1921	39.3
1922	42.2
1923	42.6

Last year there was one more death reported from cancer than from tuberculosis.

I wish to acknowledge the very great assistance which has been received from the Dominion Council of Health in improving the legislation and regulations regarding health matters, thereby making them, insofar as possible, uniform with the Health Acts and Regulations of the other provinces of the Dominion.

Much help has also been received from the Federal Department of Health. The literature sent from the Department, as well as the advice, counsel and visits of officials, have been of very great aid.

Division of Venereal Diseases.

The division for the examination and treatment of venereal diseases operates three full-time dispensaries and clinics in the larger cities and two part-time clinics in the smaller ones. Since the beginning of this work in 1920, the number of patients receiving treatment has increased from 278 in 1920 to 1431 at the end of 1923. Venereal diseases are classed as communicable, and every person so infected is required to report either to a registered medical practitioner or a public health dispensary, and undergo a course of treatment for the cure and prevention of the spread of the infection. Physicians giving treatment for these diseases, syphilis and gonorrhoea, are required to report all such cases with particulars within three days of the first visit of the patient. For this purpose all registered medical practitioners are supplied with suitable forms for so reporting. These forms do not require the sending in of the name of the patient so long as the patient continues treatment as he is required to do by law. Prisoners at the two provincial jails are examined and, where necessary, receive treatment, the cost being borne by the Department of Public Health. Neo-arsphenamine and mercury are supplied free to physicians for the treatment of patients who are not able to pay for the same or who are unable to report at a dispensary. These dispen-

saries are located in the largest office buildings in each city and everything is arranged so as to minimize undue publicity which might otherwise be attracted.

Follow-up work is done as far as possible by the two nurses employed, male and female. Sources of infection are strongly emphasized and attempts are made to clear this up. Educational work in connection with syphilis and gonorrhoea occupies a very important place in the work of this division. First-class wax models, illustrating various types of syphilis and gonorrhoea, are used and exhibited at fairs and exhibitions and frequent public addresses are made relating to these diseases by the Deputy Minister. Pamphlets, etc., are distributed, so that thousands of people are being reached through these different agencies. As a result of a recent survey undertaken by the division, it was found that only nine per cent. of those attending might have been able to pay something for treatment.

I might mention that 105 patients received treatment at the Regina dispensary on one day recently; five of these patients being children suffering from hereditary syphilis, and the hundred being about equally divided between syphilis and gonorrhoea in men and women.

Upon the termination of the Great War, health representatives of the different provinces were invited to come to Ottawa to confer with the Federal authorities as to what measures could be taken for the prevention and treatment of syphilis and gonorrhoea.

Conditions arising out of the Great War gave much publicity to the fact that these diseases were common in civil life, as was shown by the statement that for every six cases of syphilis and gonorrhoea among the soldiers of the United States army, five of them had the disease when they entered the army.

At the Ottawa conference it was stated that there was a sufficient amount of these diseases in Canada in addition to any that might be brought back by returning soldiers to justify these diseases being dealt with as a national problem, assistance for which should be supplied to the provinces from Federal sources. This principle was acknowledged and agreed to at the time and the sum of \$200,000.00 was voted by the Federal House to be divided among the different provinces upon the basis of population and that each province would furnish an equal amount to that given by the Dominion, and that provision would be made by each province to provide such facilities for the continuance and treatment of syphilis and gonorrhoea as would be approved of by the Federal Department of Health.

This the provinces have done and, having seen how these diseases are being dealt with in some of the principal centres of the United States

and Europe, and hearing what is being done in Canada through being a member of the Dominion Council of Health, I must decidedly state that the measures being carried out at the present time in the different provinces of Canada regarding syphilis and gonorrhoea are the best being done anywhere.

All interested in this question were very much disappointed this year when it was learned that a reduction of twenty-five per cent. had been made in the Dominion grant. I heartily approve of the recommendation made in the very able address of the Chairman of this Conference that a resolution be sent urging that the grant be continued.

The Division of Sanitation, under the direction of a Civil Engineer, gives information concerning the organization of Union Hospital districts, prepares plans and specifications for the construction of up-to-date buildings, and co-operates with Municipal Boards of Health for the prevention of diseases caused by pollution or infection of air, water, milk and food. Public water supplies, sewage and sewage drainage systems are under constant observation, and new installations or extensions to existing systems cannot be undertaken until the plans and specifications have been approved of by the Department. It might be noted that the sum of \$264,468.00 was expended by municipalities during 1923 for the development of the water and sewage works, this sum being more than three times the amount spent in any previous year, which would indicate a tendency towards more active development in municipal sanitary works.

There were in Saskatchewan last year some 456,000 dairy cattle. The authorities have been shown that about 18 per cent. of these are tuberculous. It has also been shown that 25 per cent. of the deaths from this disease in children are caused by bovine tuberculosis. 70 per cent. of all milk sold in the cities of Saskatchewan is now pasteurized. Four years ago this process was a commercial one which offered practically no protection from the disease. To-day the city pasteurization plants are all under careful bacteriological supervision and 98 per cent. of the total bacteria has been eliminated, thus ensuring almost complete protection from milk bovine diseases.

This division devotes a lot of attention to giving advice towards private sources of water supply. For sanitary purposes the province is divided into four districts under the supervision of a Sanitary Officer, who devotes his whole time to visiting, inspecting, giving advice and instructions to medical officials, regarding the responsibility and the protection of the health of their respective communities. This work is helping to raise the health standards of the smaller urban centres and having also a marked effect in improving the health ensurement of the people in the rural districts. Slaughter-houses receive attention, as well as do

summer resorts, and a considerable amount of time is devoted to the organization and consideration of union hospitals throughout the province.

The Laboratory Division of the Department of Public Health is maintained for the benefit of the public and the assistance of the medical profession and the hospitals of the province. All work is done free of charge. The work of this division is increasing very rapidly. In the year 1923 over 17,000 examinations were made. Culture media, containers for different specimens are supplied to doctors, hospitals and any one requiring same. 20,000 of these were distributed during the past year. The scope of examinations included 5,300 examinations for syphilis and gonorrhoea, 4,000 for other communicable diseases, and in addition over 4,000 examinations for the liquor commission and other departments. The Director also performs autopsies and attends inquests when required.

The Division of Vital Statistics compiles records of births, marriages, dissolution of marriages, and deaths occurring within the province. It also classifies and tabulates these statistics, in order to provide some satisfactory means to show the result of public health activities. It is the channel whereby the efforts of the other divisions may be traced year by year. Thus the Health Department is enabled to set a goal of attainment, and the degree of approach to that goal may be taken as a measure of success of the work done. Each municipality in the province is considered as a registration division, although any such district may be enlarged or diminished at the discretion of the Lieutenant-Governor-in-Council. The Secretary-Treasurers of towns, villages or rural municipalities constitute the local Registrars. City Registrars are appointed usually from members of the Health Department. In unorganized territories the Lieutenant-Governor-in-Council may appoint any person to act in that capacity.

In conclusion it can be claimed that some results have been obtained in health work in the Province of Saskatchewan. Beginning with one official and with an appropriation in 1906 of \$27,000.00 for all health work including aid to hospitals, the sum a year ago had been increased to \$540,000.00.

In 1905 the six hospitals with their equipment were valued at \$63,084.53.

In 1924 the 43 hospitals with their equipment have a valuation of \$700,000.00.

In 1905 1,078 patients received 21,369 days' treatment.

In 1924 32,763 received 531,500 days' treatment.

From a hospital bed capacity of about 75 in 1905, it has been increased in 1924 to 2,353, or one hospital bed for every 300 of the population.

For the treatment of tuberculosis 700 beds are now available in Saskatchewan, and between two and three million dollars have been spent in providing up-to-date sanatoria.

In the year 1912 one birth in every 20 took place in hospitals.

In the year 1923 one birth in every 6 took place in hospitals.

The report of the Registrar-General of Great Britain recently published stated that the general death rate of Saskatchewan of 7.4 was the lowest of any portion of the British Empire.

The Dominion Bureau of Statistics, commenting on the mortality rate of Saskatchewan, stated it was not only the lowest of any of the provinces of Canada, but the lowest for any country in which vital statistics are available.

For these results credit is due to the splendid work done by Medical Officers of Health in the cities, towns and rural districts, as well as to the assistance received from the members of the medical profession.

Last year I had the honour of being named by the Federal Government to represent Canada upon the interchange of health officials of the Health Section of the League of Nations. There were 24 delegates, representing 18 different countries. We met in Washington, spent four months to make a thorough survey of conditions in the United States, after which we went to Europe and spent a few months in looking over health conditions there, having a final conference in Geneva.

Time does not permit me to go into details regarding this trip. I must, however, say that from what I have seen on this side of the water and in Europe, it is not at all necessary to go outside of Canada to see the most up-to-date health work being done at the present day.

License Inspectors

T. GLEN HAMILTON, M.D.

Winnipeg

THE subject that I have to present to you very briefly is one to which I am sure a great many of you, if not all of you, have given considerable study.

One of the greatest difficulties in the way of making certain and secure the aim and purpose of medical licensure is that of protecting the public against the presuming irregular. Our universities may efficiently educate, and our colleges license, but these do not and cannot protect an unsuspecting people, for whom the title "Doctor" or practitioner is a sufficient and satisfying guarantee of ability to treat.

All will agree with the opinion that much of our trouble with the irregular practitioner is due to the fact that there is no official whose duty is to check up the licenses of those who practice medicine or any form of healing.

It is a matter of history that the medical acts were passed in order to protect the public by licensing only those known to be scientifically trained and efficient. The feature of the acts which assures to the public a properly qualified licensee is a valuable safeguard, but there is no safeguard which assures to the public that only those presuming to practice are so licensed.

A casual glance over the field of licensing in its application to many activities in our provincial, municipal and civic affairs shows that wherever license is issued, whether for the safeguarding of the public, the raising of revenue, or for any other purpose, there is in each case, with the exception of the medical license, a close scrutiny of those so licensed; moreover, the party, group or department most concerned in the license is the one usually assigned the duty of supervising such licenses. As medical licensure is on behalf of the public, the safeguarding of the public interest should be done by an officer acting on behalf of the public.

In provincial affairs, such as the automobile, the license is issued for two prime reasons, namely, revenue and safety. The collection of money and issue of renewal license is smartly looked after by the provincial departments concerned with revenue and police order. In licenses issued by the city, revenue and tabulation of police information are reasons considered sufficient for a strict control. Here, too, the collection of the fee and the issue of the license annually are closely checked by a special

official or by the department concerned. In the matter of a medical license, the prime reason for the issue of the same is educational efficiency in the interests of the public safety. The educational feature is guaranteed by the College of Physicians and Surgeons co-operating with the university, but what about the public safety? Why is there no annual check up of those practising medicine or healing of any kind, as there is of those who drive automobiles, or perform other activities in which the public safety is concerned?

When the Council of the College of Physicians and Surgeons has satisfied itself as to the educational equipment of an applicant, it issues license to practice. When the College of Physicians and Surgeons finds it necessary to exercise disciplinary power over those whom it has licensed, it is acting in accord with the clear intention of the Act; but the Council of the College of Physicians and Surgeons clearly cannot be called upon to exercise disciplinary action upon all and sundry of the quacks and fakirs attempting to delude the public in the matter of treating disease. Surely here the question of public safety lies much nearer the Police Department of the Attorney-General, and in the interests of public safety, disciplinary action on quacks should be the particular charge of that department. A special officer appointed to scrutinize the licenses of those who practice medicine or any form of healing would put an end to many impositions perpetrated upon the public for many years while no authority calls them in question. It is true when the acts of these irregulars become the concern of the criminal authorities, the Attorney-General's Department interposes, although its activities are exercised from the standpoint of criminal offence rather than from the standpoint as to whether the party under suspicion may or may not have been guilty of fraud upon the public.

In conclusion I would suggest, that in the interests of the public safety, the Attorney-General's Department of each province should appoint officers to see that only those licensed to do so, are permitted to practice medicine or any form of healing. The scrutiny of licenses could be readily assigned as a duty on officials already appointed, without involving extra expense.

The Notification of Communicable Disease

By DR. A. C. JOST

Chief Officer of Health for Nova Scotia

THE paper which I shall offer to the Conference will have at least the merit of brevity. Necessarily it was written from the point of view of the Province of Nova Scotia.

"No health department, federal or local, can effectively prevent or control a 'disease, without knowing when, where, or under what circumstances cases are occurring." This is the heading which for many years has stood at the top of the page commencing the reports on disease prevalence in the United States Weekly Public Health Reports.

The Need.—The knowledge sought after is vital to any organization whose duty is the control of disease. It is essential for the local board or unit, whose duty is that of protection of the community against the individuals who may have been in actual contact with the infection. Little less important is it for the larger—the provincial or state—organization, whose responsibility is in the larger area made up of a number of local sub-divisions. The information is vital that in one or more of the units making up the whole, disease is present which must be prevented from gaining a foothold in the other units. And finally, since disease recognizes no political or state boundaries, since these are days of rapid travel and constant intercourse between states not nationally connected, it is most advisable that every country be able to acquaint itself of the presence of disease in any country in its neighbourhood. Each of these statements may be regarded as a truism, so far at least, as infectious diseases are concerned, a truism which requires no elaboration or excuse.

Furthermore, the motto outlines for us a synopsis of the information it is most desired to collect. When has the disease occurred? Is the information being sent at a time when there is possible the institution of measures to prevent spread, or have already the seeds of contagion been scattered far and wide? Control necessitates the early and active commencement of suitable protective measures. It must therefore be obtainable at the earliest date after recognition, if it is to be of value, for otherwise exposures may have been made, a short incubation period may have been passed, and already an outbreak have so far gained headway that speedy arrest or control is impossible. Exact information of the "when, where and under what conditions" the disease is occurring is therefore essential.

Difficulties of collection.—It is doubtful if any health organization has yet devised a means of procuring the information it requires, in a way which is satisfactory to itself, or which justifies the opinion that the figures it presents are really representative of the health conditions of the community in which it is interested. One must admit that there are a certain number of cases of almost any infectious disease the recognition of which is an impossibility. There are mild or ambulant cases of all the infections, numbers of which at no time come under the notice of any controlling agency. There are certain infections in which the almost universal procedure is to arrange for their care in the home, no physician being called except for the purpose of diagnosis of the initial case occurring in the home or in the community. While the disease preserves its usual characteristics and while society is constituted as it is, we see no way how this difficulty can be surmounted. But admitting that such cases will occur to prevent such accuracy as would delight the heart of a statistician, there are, I believe, few health authorities who have devised any scheme, or who have succeeded in so carrying out, or perfecting any scheme devised by other that will accept without a well marked degree of hesitancy the numerical data of disease prevalence which may from time to time be secured.

Methods.—In all the schemes for the collection of the information sought after there is a quite marked similarity of procedure. In order the better to secure the reports, in order to have more than one route by which the necessary information may pass, practically all regulations provide for the dual responsibility of both physician and householder, with respect to reporting, once an infectious disease has been recognized. Furthermore, there is unanimity in making provision for the disease being recorded, not to one individual or organization only, but to both the medical health officer, if such an officer exists, and to the local board of health. The report, once received by the medical health officer, takes the well marked route, and is sent by him to the central authority for noting and tabulation. There is also practical unanimity in the provision that, after the occurrence in the household of the initial case, each separate or additional case, calls for the same procedure. All regulations, however, do not set the same time limit in which disease must be reported. With respect to our own law for instance; for some diseases a time limit of twenty-four hours has been set; in others a longer period is permissible.

These provisions apply to the reporting of the disease at its initial onset. In order to be assured that no cases have been missed by this procedure, an endeavour may be made to procure information from different sources, as for example, from the death reports. The medical health officer or the physician in attendance is then requested to examine

his records, for the purpose of ascertaining whether the necessary reporting had been carried out in these particular cases. This procedure is the one on which most reliance is placed in the State of New York. These then are the various steps of the process, advised and followed out in practically all instances. They are simple, checked whenever possible, and provision is made by passage along an alternate route if for one reason or another one has not functioned.

Nova Scotia's experience.—While it may be asserted that some progress has been achieved towards accuracy in the years which have elapsed since the attempt was first made to collect data, this province cannot be said to have progressed so far towards a satisfactory result as have others of the Dominion. It is somewhat difficult to determine how far short we are falling. If we take the number of deaths caused by certain of the notifiable diseases in the course of a year, a computation may be made showing approximately the total number of cases which have been present if the ordinary fatality rate occurred. An attempt has been made along this line and the results are herewith presented for the year 1922-1923.

Disease	Deaths	Average Percentage Mortality	Probable number of cases	Cases reported
Diphtheria.....	25	16%	160	187
Cerebro-spinal Meningitis.....	12	25%	50	17
Pneumonia, all forms.....	819	10%	8,000	344
Measles.....	49	1%	4,900	1,570
Scarlet Fever.....	14	2 to 8%	150-700	461
Tuberculosis, all forms.....	651	14%	4,500	347
Typhoid Fever.....	21	10%	200	113
Whooping Cough.....	60	1%	6,000	716

The results are, it must be admitted, perilously of the nature of guesses, but they indicate, in some of the diseases at least, how far we are from getting the reports we should have. Apparently, and this is something which is quite commonly conceded to be the case, the presence of diphtheria is made known to the medical health officer and by him to the department, with a quite commendable degree of accuracy. Possibly the same may be said of scarlet fever, since the wide range observable in the fatality rate may be sufficient to explain the discrepancy. We ought to have as great accuracy in respect to typhoid fever, but whether we have it or not cannot be stated. But there is such a difference in respect of the other diseases between the number of cases reported and the

number we believe to have been present that the conclusion is obvious that but a small percentage of the cases are reported to the department.

Is more accurate reporting possible?—The question may be asked, if some diseases are being reported with a fair degree of accuracy, why are not all? Is the pressure of public opinion in some diseases more urgent than in others, and will not permit laxity, or is it that the natural dread inspired by some diseases demands their being brought into the lime-light? Should any disease be protected by giving it the shelter of professional inertia or secrecy, and permitted to continue its ravages? The medical profession should lead, not follow public opinion in this respect.

The payment of fees.—Shall a fee be asked for in connection with the collection of reports? In favour of it are those whose opinion is that there are now too many demands made on a physician for which little compensation is provided. If the public are to benefit it is but fair that the information, being valuable, should be paid for, at least to the extent of reimbursing the physician the amount of his outlay. But has the physician no responsibility as a member of his community, or of society as a whole? In Utah this protection of the state may be withdrawn and the practitioner's name be removed from among those eligible to practise in the state if reports of notifiable diseases are not communicated to the proper authorities. So here at least is one community which is disposed to question the assumption that there is not a community responsibility from which a physician may not escape.

Results obtained from reporting on payment basis.—Has the payment of a fee been productive of more accurate returns? This is very questionable. There are countries where this system is in vogue and apparently meets with favour. There are others where payment is provided for, and presumably the fees collected in some cases, but these countries by no means favourably impress one as being among those whose records are of value. There is at least one country where for years provision for the fee has been known. In the state last referred to, the health authorities attach no significance to this provision, but are apparently satisfied with the results obtained, to all intents on a purely voluntary basis. Only one conclusion seems possible, that success in the collection of the statistics does not depend wholly on the provisions or otherwise of a fee.

Who shall pay the fee?—And who shall pay the fee, if a fee is to be charged? Is it to be a provincial or a municipal responsibility? Has any organization of medical men sufficient influence with their provincial governments to induce them to accept the expenditure? If not the provincial organization, can they do this with the municipal authorities? Of all the ways in which the small amount of money which it is possible to

obtain for health purposes can be spent, does this method of spending it offer the prospect of the most satisfactory returns? In the province of Nova Scotia the health act specifically states that certain disease must be reported. Can it be represented to the government or to the municipality that the legislation now on the statute books has been unfair in its demands on the medical profession and that the profession has thereby suffered. Remember that it is the medical profession as a whole on whom the burden of establishing proof of this must fall. No matter how anxious a health department may be to bring about a change it must have the support of the whole profession behind it, if these demands for payment are to meet with a favourable result.

The present urgency.—This matter is being brought before you because about this time it is forcing itself on the attention of all the provincial health departments. The nearly national status which the Dominion now has as a signatory participant in the League of Nations compact has brought added duties and responsibilities. One of these is that Canadian statistics regarding the occurrence of disease shall be prepared and forwarded for publication with those of the other signatory powers. A duty has thus been imposed on the Federal Health Department or the census bureau which these departments unaided cannot perform. Only through the assistance they are given by the provincial departments can the scheme be carried out, or can the results obtained be other than a commentary on lack of provincial organization or support. It cannot be considered that this article fully covers the ground. If it has had the effect of bringing this important matter before you it will have served its purpose.

The Greatest Public Health Need of Canada*

JOHN W. S. McCULLOUGH, M.D., D.P.H.

Chief Officer of Health for Ontario

THE most pressing public health need in Canada to-day, in my opinion, is the establishment at the earliest possible date of some system of *full-time local health organization*. Most of the provinces have excellent government organizations, supported, as a rule, by active voluntary associations, but in the municipalities, particularly in the rural areas and small towns, the machinery for carrying on public health work is not as effective as one would desire. A study of the municipal health organizations of the United States, Great Britain and Canada shows that outside of the large cities, there is no completely satisfactory organization for carrying on public health work in an efficient and economical way. The part-time health officer in these countries with some notable exceptions, has proved a failure, as might be expected. The business in life of the practising physician is the practice of his profession. The work of the part-time medical officer of health necessarily interferes with, and injures the professional work of the practising physician, and consequently both suffer.

The experience of two small cities in Ontario close together, each with a population of about 30,000, make an interesting story. The people in each of these cities are of much the same character. Both of these cities are largely industrial, and are smart, up-to-date places, from a business point of view. The assessed values and the debenture debts are much the same. The one has had a full-time health organization for about five years. This city has pasteurized milk, medical inspection of schools, ante-natal clinics, tuberculosis clinics, and public health nurses, and spends on public health work upwards of \$20,000 a year. The latter has always had a part-time medical officer of health. There loose milk is sold, there are no clinics, no medical inspection, and no public nurses. The public health expenditure is \$6,500. But in the former the infant mortality rate has dropped in five years from 101 per 1,000 births to thirty-eight; in the latter this rate has actually increased in late years and is now seventy-one per 1,000 births.

In the case of tuberculosis, most of the provinces of Canada show a remarkable decrease in mortality in the last twenty years, but the public

*Delivered at the Conference on the Medical Services of Canada, Ottawa, December 18th, 1924.

expense in the care of existing cases shows that a great deal requires to be done to lessen the financial burden in this regard. For example, let me point out that in Ontario, the institutional care of some 3,000 tuberculous cases last year cost the provincial government \$315,290.00. This represents about one-third of the actual cost of maintenance of these cases, and takes no account of interest on investment, nor cost of administration. In addition, the last report of the Mothers' Allowance Board (1923) shows that there was paid in allowance on account of tuberculosis \$214,578. This sum is 13 per cent. of all disbursements made by that body. Thus it will be seen that the large sum of about one and a half millions of dollars is spent by the public of Ontario on the care of the indigent tuberculous. This bill will gradually increase from year to year unless means are provided whereby the infection may be controlled.

The cardinal principle in the control of tuberculosis is the discovery and treatment of early cases and segregation of advanced ones. This is a task beyond the power of any provincial government, and must, to be effective and economical, be the duty of competent local authority. The part-time system provides no satisfactory solution of this, or indeed of any public health problem.

On the other hand the experience of full-time health organizations shows that under such control, public health work is advanced in a remarkable degree. Public utilities, such as pure water, sewage disposal, satisfactory disposal of waste and garbage, and clean milk, are soon provided; the infant mortality and the death rate in tuberculosis and typhoid fever are rapidly diminished; inspection of school children is satisfactorily carried on, and the entire community under such control, benefits to a large degree, both physically and financially. In provinces where the rural areas are divided into small municipalities like townships, and in the small towns, such units are financially unable to bear the burden of a full-time health service. Under such circumstances the logical course is to consolidate a number of such units for public health work, taking for this purpose the county or part of a county with its small urban municipalities. This is exactly what is being done in Great Britain and in the United States. In England the consolidated communities are called "combined areas". In the United States the county is the usual unit. In the former country considerable advance has been made in this direction, and in the United States, the number of counties organized in this manner has increased from four in 1914 to over 250.

As an example of the value of a full time health organization it is of interest to point out that the advance report of the results of the work of the Massachusetts Health Commission in Halifax, Nova Scotia, shows that the death rate of that city has dropped in five years from 20.1 per

thousand in 1919 to 11.1 per thousand in 1923, and that the work of the Commission has resulted in the saving of 550 baby lives and 1,700 adult lives in the five year period.

There was a smallpox outbreak in the Essex Border Cities last winter which was confined to this area, and only sixty-seven cases were reported. You may form some opinion as to the nature of the outbreak when I say that of the sixty-seven cases thirty-two died, and of the latter none had ever been vaccinated. While I am on the subject of smallpox, I should like to emphasize the great value of vaccination in this particular instance. On the occasion of which I speak medical men and the population of the particular city concerned got together; about 98 per cent. of the population were vaccinated in two or three weeks and the result was that the total cases were but sixty-seven. This could not have been accomplished if the seven municipalities combined had each a part-time officer.

Reference has been made to the question of how far medical measures should extend on the part of a department of health. In my opinion the department of health should confine its attention to communicable diseases, while the treatment of all other diseases should be in the hands of practising physicians.

More is necessary for the successful operation of a county or combined area scheme than a full-time properly qualified medical officer, although this attainment is a long step in advance. There must be a satisfactory budget for expenses so that public health nurses may be employed in the follow-up work of medical inspection of schools and general community service. Sanitary Inspectors are needed for the supervision of milk supplies and other purposes, and clerical assistance is also necessary. The basis for the determination of a budget is usually placed at seventy-one cents per head of population. In order that the county or "combined area" may be assured of the proper qualifications of the medical officer of health, the central authority should contribute towards his salary and make the qualifications of the medical officer of health a condition of such contribution, and further, some security of tenure in his office should be guaranteed. In England the Ministry of Health pays one-half the salary of full-time medical officers of health.

There is little hope of any but the larger cities voluntarily adopting a plan of this kind. Where the scheme of municipal health organization is in operation, as it is in Ontario, the local authorities are apparently satisfied with it, for the reason that they know nothing better. They regard the quarantine of communicable disease the beginning and end of the duties of the medical officer of health. The only way to instruct local governments in the value of a competent health organization is by practical demonstration extending over a period of three or five years in

suitable counties or combined areas. Ordinarily such demonstrations for a chiefly rural area will cost \$10,000 a year. The funds might be secured from the joint contribution of central government, local area and perhaps some private source. There is nothing like the successful demonstration of the value of work of the kind to convince the public of its value.

Whether or not these remarks apply with equal force to provinces other than Ontario, other members of this conference will be more competent to say, but there is no doubt that in respect to my own province, the weakest spot in our public health organization is the part-time plan, and our greatest need is, to have that plan replaced by a full-time service. The matter is brought to the attention of this conference for the reason that in the inauguration of such a plan, enabling legislation is required to consolidate municipal units into county or combined areas for public health purposes. This being done, public opinion and the assistance of the medical profession are necessary in its successful operation.

It is hoped therefore, that the conference will fully discuss this question, and if the subject meets with the approval of the members, that they will give it their approval and valued assistance.

Ottawa Social Hygiene Council—Annual Report

REPORT OF DR. G. H. J. PEARSON

Hon. Secretary

THE second year that the Social Hygiene Council has operated in Ottawa has revealed many more problems in connection with its work than were anticipated. Primarily the work of the Council appeared to be the necessity of disseminating knowledge concerning the prevalence, method of spread and the means of prevention of the venereal diseases, syphilis and gonorrhea. From the inception of the Council, the necessity for inculcating high standards of morality was considered the best means of prevention of later infection, but the work carried on in the last two years has shown such an appalling ignorance in the community of the facts of normal sex life, the part that the sexual instinct plays in the behaviour of mankind in general, even from early childhood, and has shown that the ideas held by the mass of the community on sex matters are in themselves responsible for the improper and immoral outlets which the sexual instinct has taken and the consequences thereof, such as the venereal diseases, that while education must be directed still towards a realization of what these diseases are, greater stress must be laid on the importance of the sexual instinct itself, and the means whereby the excess energy resulting therefrom may be sublimated along avenues of creative effort and not dissipated contrary to the manners and customs of society. The damage already done by improper understanding of these matters is irradicable to a large extent in the present adult and later adolescent sections of the community.

To prevent the propagation of these diseases among these classes it is necessary to fall back on educational efforts directed mainly towards the ravages of the diseases, the means of transmission and the necessity of ascertaining if infection has occurred as early as possible, and the necessity of immediately procuring proper treatment. Besides this, however, of far greater importance is the necessity of building for the future by instructing parents and incipient parents that they may in their turn be capable of training their children scientifically in the proper manner as regards the sexual instinct, and in watching over them during the difficult periods of life, so that the vital urge of sex might be utilized in a manner compatible with the demands of society and not wander into unlawful paths. It is felt then that during the ensuing year the latter course should receive greater attention.

There is no standard by which the work of the Social Hygiene Council may be measured. The results will only become tangible in the next century, but this lack of tangibility should not act as a deterrent to our interest in this work. Attempts to better conditions which exist in all classes of society and which are as basically concerned with human behaviour as the sexual conditions are, must, of necessity, produce change only by slow degrees; and if we can see no immediate concrete benefits from the work of the council in the past two years it should not hinder but rather stimulate us to continue with even greater enthusiasm, for the results of improper knowledge of sex matters are ever before our eyes in the prevalence of sexually caused psychoneuroses and of the diseases of syphilis and gonorrhea, and the least effort to ameliorate these conditions is well worth while.

During the past year the Council has continued its educational work in the spread of knowledge concerning venereal diseases, it has also touched more lightly on the knowledge of the place the sexual instinct takes in life. There have been 25 public meetings at which 19 speakers have reached about 12,000 people, besides the course of 8 lectures given to a study group of about 150 people, lectures and talks illustrated by films have been given to various graduate nurses societies, a number of clubs, such as the Canadian Club, the Local Council of Women, the Women's Club, Home Nursing Class at the Technical School, the Y.W.C.A., and others, and to several large public meetings both in Ottawa and Kemptville.

Requests were received from the Y.M.C.A. camp and Ottawa Boys' Camp for Dr. Heagerty to speak to the boys in the camps, but it was felt that speaking publicly to boys on Sex Hygiene might in some respects intrude upon the privilege of parents, and it was deemed wiser not to undertake this sphere of work this summer.

It will be unnecessary to enter into details of the public meetings as this has been done throughout the year in the monthly reports, but it might be noted that these meetings have revealed an avid desire on the part of the people to understand more of what was formerly a tabooed question. In lifting this taboo even a little, the Council has accomplished much. Besides the General Meetings for Women Only and Men Only both in English and French an attempt was made to stimulate the interest of small study groups in the sex problems as a whole. Unfortunately the course of lectures as planned and given had never been tried before and being new were deficient in many respects. These defects have taught us much, and it is hoped in the future to profit by them. The Exhibit for Men Only at the Exhibition was not patronized as well as in the previous year, but the lack of general patronage at the Exhibition itself is more than responsible for this apparent

decline in interest. It is felt that this great lack on the educational work heretofore has been in the small number of trained instructors available. Particularly is this so of the Exhibit where considerably more good could have been done in talks to small groups were there qualified persons to do so. This difficulty it is hoped to remedy during the ensuing year as will be touched on later.

The Exhibit was also shown to about 400 men and women in Kemptville. The Council has received several spoken and written appreciations of the value of these exhibits and the careful manner of their presentation.

Besides the public addresses there have been free pamphlets issued each month to paid members and there has been much literature distributed free. In this method the influence of the spoken word has been more deeply impressed by later thoughtful reading. Furthermore the aims of the Council have been kept before the public by the appearance of 30 articles in the Press, the issuance of 5 circular letters to 150 community organizations, to the clergy, to recreational organizations and to members of the Council.

In the course of the routine work of the office, besides the arrangements necessary for the meetings previously mentioned, there have been 34 paid advertisements inserted in the local papers, 160 letters received and 180 letters written.

During the latter part of June the Executive Secretary attended the National Conference in Toronto, where she acquired a number of valuable ideas.

Early in the year the business committee decided that they were not in a position to prepare a definite policy in regard to the raising of funds and decided to dissolve as a corporate body and leave the formulation of such a policy in the hands of the Executive, of which they were already members. Although a full statement of finances will be presented in the report of the Hon. Treasurer, it might be well to mention that the funds of the Council are in a very precarious state. Unless more money is forthcoming in the immediate future the work of the Council will have to cease. We have relied in the past largely on the generosity of donors of fairly large subscription, but it is felt that for the future more dependence must be placed on increasing the membership. If 2000 members could be secured the demands for large subscriptions would not be so pressing. I would like to recommend that every member of the Council attempt to secure at least one new member each month. If this were done our financial difficulties would be largely done away with.

It was intimated before that the Council, in planning for the ensuing year, felt that more attention should be devoted to instructing small groups in the facts of normal sex and such facts as are thought advisable

as to sex misdemeanours. This programme was only decided upon after a conference with men in touch with solution of sex problems as presented to them by the young adolescent, etc. As the great difficulty in the past has been the lack of properly trained speakers in sufficient numbers to instruct many groups it was decided that the first part of the ensuing year should be devoted to training a class of interested workers, drawn from church organizations, young men's and young women's clubs, Y.M.C.A., Y.W.C.A., etc. For this purpose a large number have signified their desire to co-operate and will be given a course of three lectures. (1) Normal Sex. (2) Venereal Diseases. (3) Community methods of combating Venereal Diseases. Arrangements will then be made to have each worker submit a treatise on one subject, and when that is approved all organizations in the city will be asked to include one talk in their winter's programme. The Executive are also endeavouring to arrange small classes of young married people, young mothers, parents and engaged persons in which Social Hygiene topics will be interspersed with other valuable advice on the proper methods of home making and home keeping.

The Executive also considers that an attempt should be made to have the Carnegie Library consider the establishing of a shelf of Social Hygiene books where interested inquirers may be able more fully to study the literature on these problems.

An exhibit for women only, such as has been held before but more valuable because of previous errors, will be held in the early months of the year. It is intended to bring Miss Moore again from Toronto for at least a week of intensive Social Hygiene propaganda for the various women's organizations. At intervals throughout the year will be held large public meetings, both for men and women, in French and English on the subject of venereal diseases.

The general opinion of those actively engaged in sociological work in the city is that the work of the Council is very valuable and should be continued. Our greatest difficulty at present is shortage of funds. We expect, however, that the new executive will be able to overcome this handicap and that throughout the coming year the work of the Council will be of even greater value than it has been in the past.

Minutes of Annual General Meeting, Ottawa Social Hygiene Council, November 28, 1924

THE third annual meeting of the Ottawa Social Hygiene Council was held in the Ladies' Café of the Chateau on the evening of November 28th, 1924. In the absence abroad of the President, Sir George E. Foster, and Vice-President, Major-General MacBrien, Mrs. J. A. Wilson, Vice-President, presided. After a few opening remarks of Mrs. Wilson she called for a motion as to the reading of the minutes of the last meeting. It was moved by Mr. N. F. Wilson, and seconded by Mr. H. H. Horsey, that the minutes of the last annual meeting, which had been printed and distributed, should be taken as read and adopted. Motion carried.

Mrs. Wilson then read a letter from Captain the Honourable F. W. Erskine, Private Secretary to His Excellency the Governor-General, addressed to the Secretary of the Council, extending the patronage of their Excellencies to the meeting, together with best wishes for every possible success. He also expressed the regret of their Excellencies that they would be unable to be present at the meeting as they would be touring Ontario at the time.

Mrs. Wilson asked for a motion in regard to the appointment of a nominating committee for the nomination and election of officers. It was moved by Mrs. E. Taschereau and seconded by Major Layman that the following members be appointed to act as nomination committee, Mrs. Leslie Davies, Miss E. Inglis, Mrs. Davy, Mr. H. H. Horsey and Mr. J. A. Wilson. Motion carried, and members of committee retired.

The report of the Honorary Secretary was then read by Doctor Gerald Pearson, who moved the adoption of his report, seconded by Mrs. Campbell, and carried. Report attached.

The report of the Honorary Treasurer was read by Mrs. H. S. Campbell, seconded by Dr. Pearson and adopted. Report attached.

Dr. Pearson, the chairman, then announced that word had been received from Dr. Bates requesting the meeting to send a resolution to the government against the curtailing of the Federal Grant for Venereal Diseases. He advised the meeting that the advisability of such a resolution at the meeting had been discussed before the meeting by members of the Executive, and it had been decided by them that the matter should be referred to the first meeting of the new Executive Committee.

The Chairman then introduced the speaker of the evening, Mrs. Clive Neville Rolfe, General Secretary of the National Council for Combating Venereal Diseases in Great Britain, and spoke of the pioneer work of Mrs. Rolfe in Great Britain on behalf of the prevention of the spread of Venereal Diseases. She also spoke of the excellent war record of the speaker on the National War Savings Committee and other spheres for which her name had been placed on the first list of honours to receive the Order of the British Empire.

Mrs. Rolfe proved herself a speaker of great charm with a wealth of information and interesting facts which she delivered to the audience of some 200 people. She conveyed to the local Council the greetings of the National Council in Great Britain, and referred to the splendid progress made in the United States and at the Head Office of the Canadian Council in Toronto, especially stressing the value of the Women's Court in Toronto, which she considered a considerable step forward.

Mrs. Rolfe said that the Social Hygiene movement was now a National one, embraced by some 25 countries. She dealt chiefly with the economic standpoint of Social Hygiene in relation to industry, municipalities, and to countries. Speaking of the municipal and national handicap of venereal diseases she said that it resulted in a heavy burden being placed on municipalities through the upkeep of asylums, and on countries through overhead charges for social inadequates and through lack of production. Mrs. Rolfe also discussed many other aspects of Social Hygiene.

At the close of Mrs. Rolfe's speech a very high tribute was paid the speaker by Dr. Wodehouse, of the Canadian Tuberculosis Society, who moved a very hearty vote of thanks to Mrs. Rolfe; the motion was seconded by Mrs. Asa Gordon, President of the Ottawa Women's Club, and unanimously carried. In conveying the vote of thanks to the speaker Mrs. Wilson took the opportunity to appeal to those present for their very hearty support, both financial and moral, of the local council. During this appeal membership cards were passed through the audience and collected within a few moments, as a result of which about \$75 was received and about fifty members signed up.

The Chairman then called for the report of the nominating committee.

Mr. R. W. Hopper, Commissioner of the City Welfare Department, then moved a very hearty vote of thanks to the President, Vice-Presidents, Honorary Secretary, Honorary Treasurer and members of the Executive Committee of 1924, for their splendid efforts on behalf of the Council. He paid glowing tribute to the excellent report of the Honorary Secretary, Dr. Pearson, and to the invaluable services rendered by Dr. Pearson to the Council since its inception. This motion was seconded by Mrs. Davy, and heartily carried.

It was moved by Colonel Irwin, seconded by Mrs. Campbell, that the sincere thanks and appreciation of the Council be extended to the following, for splendid support and co-operation during the past year: The Red Cross Society and other generous subscribers; Dr. J. J. Heagerty, Federal Department of Health; Miss Edna Moore, Provincial Board of Health, Toronto; Dr. Desloges, Provincial Department of Health, Montreal; Mr. R. Peck, Department of Trade and Commerce; Mr. MacDonald, *The Citizen*; Col. Parkinson, *The Journal*; Mr. Gautier, *Le Droit*; Mr. Pink, Mr. Paisley, and other members of the Board of Central Canada Exhibition; Prof. J. A. Dale, Toronto University; Mr. Pennock, Post Office Department; Messrs. Stapleton and staff, Centre Theatre; Dr. Lomer, Mr. Kealey and Mr. Davidson, City Health Department; Messrs. Crawley, Milne and Co.; Mrs. Van Veen, Big Sisters' Association; The Rotary, Lions, and Kiwanis Clubs; Drs. MacDonald, Troope, Clendenning, and Patterson; The Progressive Printers, and Levey Sign Co. Unanimously carried.

The meeting closed with the singing of God Save the King.

HAZEL TODD,
Executive Secretary.

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR
YEAR ENDED NOVEMBER 28th, 1924

Ottawa, November 28th, 1924

The Members,
Canadian Social Hygiene Council,
Ottawa Branch.
Gentlemen:—

From the books and records submitted to us we have audited the receipts and disbursements of the Canadian Social Hygiene Council, Ottawa Branch, for the year ended 28th November, 1924, and have prepared in connection therewith the attached statement.

As in many like organizations it has been impossible for us to vouch the receipts. In connection with the disbursements there is no recorded authority for the expenditure of the various sums, but receipts for all disbursements, with the exception of the item listed below, have been submitted to us:—

Dr. Bridges—Expenses, \$33.50.

We would recommend that a Finance Committee be appointed and that all accounts be passed by that committee. Minutes containing a record of

the accounts so passed should be kept and the bills authorized for payment initialled by the Chairman.

All of which is respectfully submitted.

CRAWLEY, MILNE & COMPANY, C.A.,

A. A. CRAWLEY,
Chartered Accountant.

RECEIPTS

Cash in Bank at 28th November, 1923	\$859.36
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FEES

General	\$190.00	
Sustaining	40.00	
		<hr/> 230.00

DONATIONS

Red Cross Society	500.00	
H. S. & W. M. Southam	150.00	
C. H. Pinhey	50.00	
J. A. Machado	25.00	
Knox Church Ladies' Aid	25.00	
Salvation Army	20.00	
Great War Veterans' Assoc.	10.00	
Maj.-Gen. J. H. MacBrien	10.00	
St. Paul's Presbyt. Ladies' Aid ..	10.00	
Unitarian Church Women's Aux.	5.00	
Allied Trades & Labour Assoc.	5.00	
Sundry Contributions	180.00	
		<hr/> 990.00

COLLECTIONS

Lecture Courses	231.85	
Theatres on Sunday Nights	193.78	
		<hr/> 425.63

MISCELLANEOUS

Business Men's Committee	647.00	
Mrs. J. A. Wilson's Garden Party ..	64.45	
Proceeds Sale of Literature	8.65	
Refund for Moving Telephone	10.00	
Refund from Dr. Bates	8.00	
Interest on Savings Acct.	16.78	
		<hr/> 754.88
		<hr/> \$3,259.87

DISBURSEMENTS

Secretary's Salary	\$1,500.00	
Advertising	489.50	
Lectures for Trav. Exp., etc	213.35	
Central Theatre for Sun. Lect.	172.80	
Chateau Laurier for luncheons and entertaining		
Lecturers	79.85	
Printing and Stationery	154.54	
Painting signs	118.50	
Telephone and telegrams	80.16	
Typist and Red Cross for Typist	110.00	
Expenses of Secty to S. S. Conference at Toronto....	50.00	
Annual Fee to National S. S. Conference.....	10.00	
Transfer Exp. for Exhibition	19.50	
Printing of Annual Reports	15.50	
Janitor services at P. S. Meeting	2.00	
Misc. expenses, including postage, insurance, office supplies, etc.	145.00	
		3,160.70
Cash on hand		10.00
Cash in Bank at 28th November, 1924	109.17	
Less outstanding cheques	20.00	
		89.17
		<u>\$3,259.87</u>

The Sanitary Inspectors' Association of Canada

INDUSTRIAL HYGIENE

(Some notes from an address delivered before the Winnipeg members by Arthur J. MacNamara, Chief Inspector, Bureau of Labour, Manitoba.)

MEMORANDUM RE INDUSTRIAL HYGIENE

I am particularly pleased to be invited to address an Association of Civic Officials as it is an indication of their willingness to co-operate with the provincial authorities, which to my mind, is something needed badly in Manitoba, that is, close co-operation between provincial and civic officials doing work of the same general nature.

NATURAL SUBDIVISION OF SUBJECT

As I see it this subject can best be covered under headings:—

1. Proper working conditions in industrial plants, having no peculiar features.
2. Ditto, plants having peculiar features.
3. Safeguarding of machinery and equipment in plants.
4. Obtaining co-operation of workers to keep the working conditions as they should be and to prevent accidents.
5. Care of injured persons in the event of an accident happening.

I think under these general headings that all phases of the question likely to affect the health or impair the efficiency of the worker can be considered.

NORMAL PLANTS

In what may be termed ordinary occupations in which the worker is not exposed to any danger to health from any special causes, the following features should receive special attention.

(A) VENTILATION

Ventilation is of great importance and in connection with this feature overcrowding must be guarded against. Means of changing the air so that the working atmosphere will always be fresh. In this country it is hard to live up to the desirable conditions on account of the climate. Sacrificing supply of fresh air to conserve heat causes stuffy atmosphere and not sufficient humidity. Affects health of workers by making them susceptible to colds, and one gets the cold and hands it on to the next one.

Conditions are usually best adjusted through the heating medium, if a hot air furnace is used the pan provided in furnace should always be kept full of water and in case of steam hot water provision should be made for radiator pans so that there will be sufficient humidity produced by evaporation. The method of changing the air should be looked into and made efficient.

(B) PERSONAL CLEANLINESS

Personal cleanliness is best encouraged by seeing that proper washing facilities are supplied, also clean towels, soap, etc., and that the provision be separate for each sex. Equally important with the matter of providing necessary facilities is that of seeing that the wash basins, etc., are kept clean. We find that conveniences are often provided but are allowed to become filthy and deteriorate into a menace instead of a benefit.

(C) LAVATORY ACCOMMODATION

Lavatory Accommodation need scarcely be touched upon as you all know it is important, but the Statute provides for this adequately.

(D) LIGHTING

The best evidence I can give you of the importance of proper lighting is that medical men tell us that one of the reasons for the common use of glasses to-day is the serious strain to the eyes caused by inadequate or artificial light of a harmful nature. It is not always possible to provide natural light and where artificial light has to be used, we should see to it that the light is sufficient and so screened that it will not cause an unnecessary strain to the eyes. I have heard addresses on this subject which have lasted from half an hour to an hour and a half and I have read exhaustive articles on it. It is a subject in itself, and one which I cannot hope to cover to-day.

(E) LUNCH ROOMS

Many workers find it necessary to carry their lunches and eat them on the working premises and I believe it is a benefit to the employer and the employee under such circumstances to provide a lunch room.

(F) ADEQUATE EXITS

I have left the item of adequate exits last in this particular class of industrial plants that we are considering, not because it is the least im-

portant, rather the reverse, but because it also applies to all industrial plants. You might say that it is pretty far fetched to consider this under the heading of Industrial Hygiene, however, we know of fire hazard the danger of loss of life if adequate exits are not provided. Effective means of escape from a building in case of fire are certainly vital and they should consist of stairways, if the stairways are not fire-proof, the added facility of stairway fire escape should be insisted on. Under this heading we might touch on the matter of elevators.

PLANTS HAVING SPECIAL FEATURES

We have to consider special plants wherein the ordinary precaution touched on as being necessary in normal plants are not sufficient.

FOUNDRIES

In large iron foundries ventilation is often quite a problem.

When the metal is being extracted from the cupola and poured into the mould the room will become so filled with dust and smoke that even the vision is obscured unless adequate means of ventilation is provided, and often a special system to suit the particular foundry has to be installed. It has been necessary to arrange for this in a number of our local plants.

In foundries, the heat being excessive makes it necessary to install shower baths in order that the men may change their clothing before leaving the premises.

In brass foundries special arrangements require to be made to take care of fumes, and the same may be said in regard to linotype machines in printing establishments.

AUTO REPAIR SHOPS AND GARAGES

A menace to health encountered in this class is exhaust gasses from a running motor. With heavy gasses lying close to the ground a special ventilation scheme is required.

Under this category comes the establishments where storage batteries are made or repaired, a special arrangement having to be made to take care of fumes.

DUST

In many industries special arrangements have to be made to protect the worker from dust. I might mention cement works, gypsum mills, foundries, etc. Constant breathing into the lungs sets up irritation from which lung diseases may result.

Every attempt should be made to confine the dust as far as possible, and much can be accomplished by keeping the premises as clean as possible.

After everything has been done to prevent the dust as far as possible and it is still excessive, men should be provided with respirators.

DUST EXPLOSIONS

Something that is not generally known is that dust, such as if found in flour and grist mills, is highly explosive. . . . We have had two bad explosions in Manitoba from this cause . . details . . . Port Colbourne disaster.

SAFE GUARDING MACHINERY AND EQUIPMENT IN PLANTS

In every plant where machinery is used special problems arise in regard to the safe guarding of machinery. It would be impossible for me to detail the nature of the safety guards that are necessary. The only effective way of taking care of this is to get experienced Inspectors, who can make a study of every plant and every machine in it, and see that sufficient guards are provided.

I am not going to weary you by dwelling on this feature of the work.

CO-OPERATION OF WORKERS

Regardless of how nice the working conditions are made in an industrial plant in the way of washing facilities, ventilation, etc., or how safe they are made by providing guards for machinery, I think the most important thing to obtain is the whole-hearted co-operation of every executive, foreman and worker in the plant. . . . General remarks re accidents caused by thoughtlessness. . . . Safety Committees, etc.

CARE OF INJURED PERSONS

To do everything possible to eliminate accidents . . . Accidents will occur . . . The next best thing to do is to see that you have someone on hand to take care of an injured persons . . . Not sufficient to supply First Aid equipment . . . Must have someone who knows how to use it . . . General talk re First Aid classes.

First Aid equipment necessary in accordance with instructions issued by the Workmen's Compensation Board.

GENERAL REMARKS

I will admit that I have certainly not stuck to what should be strictly defined as Industrial Hygiene and have talked more along the lines of

some of the problems we, of the Inspection Department, are up against in the industrial field. The improvement of conditions is slow work and one of the encouraging features that I have noticed last year is the number of reports I have from Inspectors, where the items they ordered improved, are few. It seems to me that this shows a general interest and general improvement in conditions.



The Provincial Board of Health of Ontario

Communicable Diseases reported for the Province for the Weeks
ending March 7th, 14th, 21st, 28th, 1925

COMPARATIVE TABLE

Diseases	1925		1924	
	Cases-Deaths		Cases-Deaths	
Cerebro-Spinal Meningitis .....	....	3	9	7
Chancroid	2	....	1	....
Chicken Pox	398	....	504	....
Diphtheria	265	15	250	25
Encephalitis Lethargica	7	4	5	4
Gonorrhoea	110	....	199	....
Influenza .....	....	55	....	21
German Measles	27	....	191	1
Measles	1663	7	2811	8
Mumps	1281	....	1578	2
Pneumonia .....	....	220	....	251
Poliomyelitis	1	1	....	....
Scarlet Fever	681	8	1134	28
Septic Sore Throat	7	2	5	1
Smallpox	16	....	166	28
Syphilis	101	....	215	....
Tuberculosis	159	80	155	100
Typhoid	72	8	25	2
Whooping Cough	464	13	140	10
Goitre	63	5	13	3

The following municipalities reported cases of smallpox:

Kitchener 1, Fort of Yonge 1, Downie 1, St. Catharines 2, Welland 4,
E. Garafraxa 3, Dunganon 1, Maryborough 3.

JOHN W. McCULLOUGH

Notes on Current Literature

From the Health Information Service, Canadian Red Cross Society,
410 Sherbourne St., Toronto

Meat and Milk Inspection

An address on the value of meat and milk inspection in a small community. By Dr. Robert Knight, former Health Officer, Seneca Falls, N.Y. "The New York State Department of Health Quarterly", January, 1925, page 190.

Conference on National Medical Services

The report of the Conference on the medical services in Canada arranged by the Canadian Medical Association is published in "The Canadian Medical Association Journal" for March, 1925. The addresses include:—

- (a) Health Surveys and Health Nurses, by Dr. John A. Amyot, C.M.G.
- (b) Public Health in Saskatchewan, by Dr. M. M. Seymour.
- (c) The Notification of Communicable Disease, by Dr. A. C. Jost.
- (d) Full-Time Medical Officers, by Dr. J. W. S. McCullough.

The Health of the School Child

Report of the Chief Medical Officer of the British Board of Education for 1923. The subject of this work is dealt with in an exhaustive manner and the book contains a wealth of statistics. A striking chapter deals with the decadence of the rural child who has ceased to excel the town child in health.

Sickness among School Children

A study of the frequency of illnesses among a group of 5,000 school children in Maryland, conducted by the United States Public Health Service. "Public Health Reports", February 27th, 1925, page 401.

School Teachers in Health Work

The role of the school teacher in the control of communicable diseases among school children. "School Health News", February, 1925, page 1.

Scarlet Fever Antitoxin

A report by the Doctors Dick of Chicago on therapeutic results with concentrated scarlet fever antitoxin. "The Journal of the American Medical Association", March 14th, 1925, page 803.

Bovine Tuberculosis

Methods for the suppression of bovine tuberculosis used by the United States Department of Agriculture. "The Nation's Health", February 15th, 1925, page 80.

Tuberculosis Clinics

Suggestions for organizing and conducting tuberculosis clinics. "The Massachusetts Health Journal", February, 1925, page 3.

Juvenile Immigrants

Conditions among juvenile immigrants in Ontario as described in the report of a Committee of the Social Service Council of Canada. "Social Welfare", March, 1925, page 118.

Milk

An address on the use of milk. By Dr. A. Grant Fleming, Managing Director, Montreal Anti-Tuberculosis and General Health League. "The Canadian Nurse", March, 1925, page 117.

Ethics for Public Health Nursing

The need of a code of ethics for public health nursing. By Elizabeth Gregg, Association of Tuberculosis Clinics, New York City. "New York State Department of Health Quarterly", January, 1925, page 147.

Prenatal Care

A description of prenatal clinics in Detroit. "The Nation's Health", February, 1925, page 92.

Sight Saving Classes

A description of sight saving classes by Miss B. A. Ross, Supervisor of School Nursing, Department of Public Health, Toronto. "The Canadian Nurse", February, 1925, page 73.

Nursing for Maternity and Child Hygiene

An address presented to the American Public Health Association by Dr. M. S. Fraser, Secretary, Manitoba Board of Health. "American Journal of Public Health", February, 1925, page 95.

Visiting Nursing

Report of the Committee to Study Visiting Nursing instituted by the National Organization for Public Health Nursing at the request of the Metropolitan Life Insurance Company. Copies of this report may be

obtained gratis from the Chairman of the Committee, 379 Seventh Avenue, New York City.

The Mental Health of the Pre-School Child

An address by Dr. J. A. Hadfield, Lecturer in Psychology, King's College, London, England. "National Health", February, 1925, page 241.

Health in the Home

"Health in the Home" is the title of the textbook issued by the Montreal Anti-Tuberculosis and General Health League as a foundation for a course of instruction in personal and community health.

Early Tuberculosis in Children

By Dr. W. J. Dobbie, Physician-in-Chief, Toronto Free Hospital, Weston. "The Canadian Nurse", February, 1925, page 61.

Social Hygiene Propaganda

"The Weekly Bulletin of the Chicago Department of Health" of December 6th, 1924, is devoted to an excellent popular exposition of social hygiene.

Dental Hygiene for the Child

By Dr. C. N. Johnson, President of the American Dental Association. "American Journal of Public Health", February, 1925, page 107.

Victorian Order of Nurses

Miss Smellie, Chief Superintendent has, since the New Year, tried to attend as many of the annual meetings of Local Associations in Ontario and Quebec as possible. It is regretted that it was found impossible to visit all the Local Associations that wished it. Those district meetings which fitted in with Miss Smellie's time schedule were, in Ontario—Arnprior, Kingston, Dundas, Burlington, Ottawa and Pembroke, and in Quebec—Sherbrooke and Montreal.

Miss Stevenson, Central Supervisor, is at present in Saint John, N.B., acting as District Superintendent of that centre pending the appointment of a successor to Miss Dora E. Coates.

At the International Conference of Nurses in July, 1925, to be held at Helsingfors, Finland, Miss Elizabeth L. Smellie, Chief Superintendent, will represent the Executive Council, Victorian Order of Nurses for Canada. Miss Margaret Moag, District Superintendent, Montreal, will represent the Montreal Local Association, V.O.N., and it is hoped that other Local Associations of the Order will also send representatives. It is expected that some Victorian Order nurses will attend unofficially.

A short refresher course in Public Health Nursing was offered in January by the Department for Public Health Nursing, Toronto University, to nurses with experience. The following Victorian Nurses attended: Miss Stevenson, Central Supervisor; Miss L. Gray, Renfrew; Miss Louise Henry, Waterloo; Miss McCann, Miss Beauchamp, and Miss St. Marseille, Ottawa; Mrs. Kelly, Brampton; Miss Hawkins, New Liskeard; Miss Helen McKay, Barrie; Miss Griffiths and Mrs. Skrimshire, Brantford; Miss Edna Hughes, Miss Jean Derby, Miss Joan MacKenzie, Miss Naomi Meiklejohn and Miss Cecelia Simpson, Toronto.

Miss A. L. Prichard, District Superintendent of the Winnipeg branch, reports a well organized corps of twenty-nine Mothers' Helpers on duty in Winnipeg. These "Helpers" are not nurses, but are under the guidance of the Victorian Order nurses. They remain in the home of patients who require some capable woman to act as housekeeper during the mother's illness, being also trained to carry out the nurse's instructions intelligently.

Preliminary Programme Annual Meeting of the Ontario Health Officers' Association

May 4th, 5th and 6th—(Daylight Saving Time)
Room 22, Mining Building, University of Toronto
1925

MONDAY, MAY 4TH

- 10 to 11 a.m.—Registration.
11 a.m.—Moving Picture.
11.30 a.m.—Address by Dr. J. W. S. McCullough, Chief Officer of Health.
12.00 a.m.—Presidential Address, Dr. C. N. Laurie, Port Arthur.
12.30 p.m.—Informal talk by Dr. Geo. S. Young, President Ontario Medical Association.
1.00 p.m.—“What Social Hygiene means to a Municipality”.—Dr. Gordon Bates, Toronto.
1.45 p.m.—Luncheon—Hart House. Members of the Ontario Health Officers' Association are guests of the Provincial Department of Health.
Speakers—The Minister of Health, Honourable Dr. Forbes Godfrey, and Rabbi B. R. Brickner, of the Holy Blossom Synagogue.
3.15 p.m.—“Cancer”—Dr. Frederick L. Hoffman, Prudential Insurance Co., Newark, New Jersey.
4.00 p.m.—“The Purpose and Service of Sanitary Regulations”—F. A. Dallyn, C.E., Provincial Sanitary Engineer. Discussion to be opened by Mr. A. E. Berry, Assistant Sanitary Engineer, Provincial Department of Health.

TUESDAY, MAY 5TH

- 9.00 a.m.—Moving Picture.
9.30 a.m.—Report of Committee on “The County Medical Officer of Health”. (Dr. J. H. Radford, Galt, Chairman of Committee).
11.00 a.m.—“Tuberculosis” (with Lantern Slides)—Dr. G. C. Brink, Provincial Department of Health.
11.45 a.m.—“The New Regulations Governing Medical Inspection of Schools”—Dr. J. T. Phair, Chief School Medical Officer.

- 2.00 p.m.—“The Place of Dental Services in a Public Health Programme”—Dr. F. J. Conboy, Director of Dental Services.
- 2.45 p.m.—“A Clean Milk Supply for Small Towns”—Dr. A. L. McKay, Provincial Department of Health. Discussion to be led by Mr. A. R. White, Chief Sanitary Inspector.
- 3.30 p.m.—“Narcotics”—Dr. J. A. Amyot, C.M.G., Deputy Minister, Federal Department of Health, Ottawa.

WEDNESDAY, MAY 6TH

- 9.00 a.m.—Moving Picture.
- 9.30 a.m.—Demonstrations of the Schick and Dick Tests—Dr. D. Fraser, University of Toronto.
- 10.15 a.m.—Dr. H. W. Hill, Dean, Institute of Public Health, Western University, London, Ontario.
- 11.00 a.m.—“The Education of the Sanitary Inspector”—Mr. A. R. White, Chief Sanitary Inspector, Provincial Department of Health.
- 11.45 a.m.—Report of Nominating Committee.
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News Notes

British Columbia has been suffering from a small epidemic of Smallpox, resulting in placing an embargo on the City of Vancouver by the United States.

This embargo has been unfortunate in view of the fact that the news was broadcasted through the East in such a way as to effect the province in general.

But the embargo has had the effect of stimulating the city authorities to deal with the matter in a drastic manner and the regulations issued by the Provincial Board of Health are being stringently enforced and we are confident that within the next two weeks the embargo will be raised.

The establishment of this quarantine will effect the province as a whole and seriously interfere with the economic interests of the province, particularly in regard to the tourist traffic.

However, it is true that out of evil good may come, and the children in the schools of the province are being vaccinated and our figures to date show that outside of the element of the anti-vaccinationists, British Columbia will be thoroughly vaccinated.

Arrangements have been completed for showings of the Social Hygiene Exhibit in the cities of St. Catharines, Niagara Falls and Welland. In arranging this itinerary the Canadian Social Hygiene Council had in mind that the people of the whole district served by the Government Venereal Disease Clinic in St. Catharines should have an opportunity for the education in Social Hygiene offered by the Exhibit, which never fails to stimulate attendance at the clinics whenever it is shown. The Exhibit will be shown in St. Catharines first, opening on April 20th for one week, followed by four days in Welland and one week in Niagara Falls.

Under the distinguished chairmanship of Professor Peter Sandiford, of the College of Education, University of Toronto, the Division of Education of the Canadian Social Hygiene Council, with A. D. Hardie, M.A., of Cambridge, a noted English educationalist as Secretary, has begun to function and to plan preliminary steps toward a national programme of activity. The personnel of the committee is very representative of the best thought in the Dominion along sociological, biological, psychological and pedagogical lines, as well as inclusive of many other notable men and women who stand for the highest standards of citizen-

ship. The National Committee met for the first time early in March and its labours have already resulted in a "Programme of Education in Social Hygiene" from the pen of the Chairman. This programme is likely to include the careful preparation of subject matter for speakers, the training of such speakers, the provision of literature, films for parents, and for boys and girls, and arrangements for wide reaching co-operation with national social organizations.

Dr. Murray G. Thomson has been appointed to the staff of the Canadian Social Hygiene Council and will shortly take on his duties in the Western Provinces.

On October 10th, 1911, in the Russell Hotel, Ottawa, a group of those interested in health activities in Canada gathered to discuss the best means of awakening public opinion to the importance of matters affecting personal and community health. The formation of the Canadian Public Health Association was the result of this gathering. In December, 1911, in the city of Montreal, under the leadership of Dr. T. A. Starkey, the first annual conference of the new Association was held. It is fitting, therefore, that we celebrate the fifteenth anniversary of the formation of this Dominion-wide organization by a return to the city in which its first meeting was held.

A glance at the exceedingly interesting programme presented for discussion to those gathered together at that inaugural conference shows that what were evidently problems worthy of the best efforts of the health workers of fifteen years ago are still waiting solution. No better way of aiding in the disposal of these questions can be evolved than a getting together of all those affected, either as administrators, field workers, or those merely interested in the betterment of health conditions generally, each bringing to the questions at issue their own contribution and viewpoint.

In Montreal on June 29th and 30th next, is to be held the fourteenth Annual Convention of this Association. The executive officers have planned a programme unique in its simplicity and widespread interest. Four of the most important and far-reaching subjects that daily demand the attention of both the professional and lay worker in this field, will be presented from every angle, and in the light of their Federal, Provincial, and Municipal application, and it is earnestly hoped that every member of the Association will make an earnest effort to be in attendance and aid in making the Montreal meeting the most successful and largely attended gathering in the history of the Association.

Smallpox in Alberta, as in other parts of Canada, is on the increase. A few outbreaks have occurred in various parts of the province. They have been traced in most instances to cases brought in from other countries where there is a marked laxity in vaccinating.

Unfortunately, some degree of laxity is common to most parts of the continent and is probably due to the freedom from Smallpox that we have enjoyed in the last two decades. Being free of the dangers, we have forgotten them and preventive measures have been neglected until now there is an alarmingly large percentage of our population unprotected against this disease.

It is to be hoped that some active measures will be taken throughout the country to avert the danger that threatens.

Editorial

CONSERVATION OF HEALTH

In a modern up-to-date world, despite the many advances made possible by science, one cannot but be impressed with the fact that the business of caring for human beings grows slowly. Until the middle of the last century, aside from the discovery of vaccination against smallpox, science had made practically no advance in the direction of preventing communicable disease. Since the discoveries of Pasteur in the seventies it is true that information as to the means whereby infections are spread has become widely disseminated and measures for the prevention of disease have developed in a most spectacular fashion. Yet thoughtful people are prone to be impatient because of the fact that life conserving methods are not made applicable immediately, and in our own generation.

The percentage of people suffering from incipient disease of various types undiagnosed and untreated, as has been repeatedly pointed out, is enormous—a condition of affairs largely due to a very general ignorance of the fact that many conditions, incipient and otherwise, can only be detected by the application of scientific and painstaking methods of examination. The physician who could do much to prevent is held back because of a variety of reasons, in the main, however, because he has been trained to confine his operations to the care of disease after it has made decided inroads.

The result has been that while organized health departments utilizing the services of trained men have done much in the direction of organizing community effort in the case of certain diseases, in informing the public and to some extent in the supervision of the health of children, it is still possible for unnecessary disabling and fatal conditions to develop in both the child and the adult because of definite deficiencies in our machinery. It is scarcely necessary to refer to the unnecessary deaths which occur daily from such diseases as diphtheria, tuberculosis, cancer, syphilis, and diabetes.

The Schick Test for the detection of diphtheria, followed by an immunizing dose of toxin-antitoxin or toxoid in cases in which such procedure is found necessary, is of recognized value. Indeed, were this method adopted universally, diphtheria could be stamped out. The routine periodic medical examination of adults, were it carried out generally, would in a very few years open up possibilities of an amazing

character in the direction of lengthening the life and increasing the efficiency of the average human being. Yet neither of these procedures is carried out or thought of by the average citizen in the care of either his children or himself. And these are only samples of the things we have left undone in the field of health conservation in spite of their obvious value.

THE PUBLIC HEALTH JOURNAL hopes that this brief editorial may inspire some of its readers to some thought along the lines suggested and that some one may be far-seeing enough to make a concrete suggestion to THE JOURNAL as to some method or methods which could conceivably be adopted with the idea of impressing public opinion, and possibly stimulating organized action. Correspondence on the subject is invited.
